DOCUMENT RESUME

ED 381 267 PS 023 176

TITLE Improving Child Care in Rural Areas: Promising

Practices and Strategies.

INSTITUTION Macro International, Inc., Silver Spring, MD. SPONS AGENCY Administration on Children, Youth, and Families

(DHHS/ACF), Washington, DC. Children's Bureau.

PUB DATE Dec 94

CONTRACT 105-92-1616

NOTE 15p.

PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.

DESCRIPTORS Child Caregivers; *Day Care; Early Childhood

Education; Family Day Care; Interviews; *Program

Improvement; "Rural Areas

IDENTIFIERS Caregiver Training; *Child Care and Development Block

Grants; Kentucky; Montana; North Carolina; Oregon;

Program Characteristics

ABSTRACT

The use of the Child Care Development Block Grant (CCDBG) in combination with other funding has been an important factor in the development of initiatives to expand and improve child care services in rural areas. Based on their personal knowledge, a technical advisory group and experts recommended states with innovative, unique, and successful approaches to rural child care. During the summer of 1993, two-person teams visited Kentucky, Montana, North Carolina, and Oregon to interview child care program staff about innovative practices for providing child care in the rural areas of these states. In each of the four states, the team interviewed the state child care administrator and staff involved with local rural child care initiatives. The teams obtained information on the state child care program's background and evolution as well as specific information for use in other possible state profiles. Six recommendations included: (1) family child care may be the most effective way to increase the supply of rural child care; (2) involving existing community organizations builds trust; (3) supporting resource and referral agencies can help improve rural child care; (4) financial incentives can overcome barriers to training in rural communities; (5) assuring that training for child care is accessible requires creative solutions; and (6) rural child care can both contribute to and benefit from broader economic strategies. (A list of rural child care resources is appended.) (DR)



^{*} Reproductions supplied by EDRS are the best that can be made

U.S. DEPARTMENT OF EDUCATION Office of Educations Research and Improvement EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

- This document has been reproduced as received from the person or organization organization.
- Minor changes have been made to improve reproduction quality.
- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Improving Child Care in Rural Areas: Promising Practices And Strategies

Child Care Division

Administration for Children and Families

Department of Health and Human Services

Prepared by:

Macro International Inc.
Child Care and Development Block Grant
Technical Assistance Contract
Contract No. 105-92-1616

December 1994

BEST COPY AVAILABLE

Preface

States and Programs Visited

During the summer of 1993, two-person teams visited Kentucky, Montana, North Carolina, and Oregon to interview child care program staff about innovative practices for providing child care in the rural areas of these States. The use of the Child Care and Development Block Grant (CCDBG) in combination with other funding has been an important factor in the development of initiatives to expand and improve child care services in rural areas. A technical advisory committee of State child care administrators helped select the States to be visited, with additional information being provided by rural child care experts. Based on their personal knowledge, the advisory group and experts recommended States with innovative, unique, and successful approaches. In each of the four States, the team interviewed the State child care administrator and staff involved with local rural child care initiatives. The teams obtained information on the State child care program's background and evolution as well as specific information for use in other possible State profiles or additional articles.



Improving Child Care in Rural Areas: Promising Practices and Strategies

Introduction

Ensuring that children are adequately cared for during working hours is a challenge facing the majority of American parents. While the shortage of affordable, high-quality child care in urban areas may attract more public attention, one quarter of American children live in rural areas and their parents face unique challenges in obtaining quality child care. Changes in the fundamental patterns of rural life have exacerbated these challenges. Such changes include the decline of the extended family, the breakdown of rural economies, long and/or irregular working hours for parents, and a sparse supply of child care options.¹

Historically, extended families have served as an important source of child care in rural areas. Now, parents, grandmothers, sisters, and cousins tend to take jobs outside the home, thereby reducing the already limited supply of child care providers.

The collapse of rural economies has closed many local businesses, forcing parents to take jobs in nearby cities and to travel longer distances to work. Resulting commuting and transportation problems affect the need for child care. An 8- to 9-hour workday for an urban worker often becomes a 12- or 14-hour day in the life of a rural worker. The increased commuting time demands extended hours of child care.

Rural parents with young children have complex child care needs. Employees in rural areas not only work longer hours, they often work less regular hours. In cities, where corporate offices, professional services companies, and other white collar industries dominate, a traditional work schedule is common. In rural areas, a higher portion of jobs are in small manufacturing plants or in service industries such as restaurants or hospitals where shift workers are needed evenings, at night, and on weekends. In addition, many rural families work long hours because more than one or even two sources of income are needed to pay the bills. Consequently, parents may work as waiters or waitresses over the weekend or they may take second or third jobs as shift workers in hospitals or textile mills.

Low population density and the lack of private investment limit the child care supply in rural areas. Such factors deter both child care centers and family child care providers from entering the market or expanding operations. Providers often cannot find enough families to serve or cannot charge fees that make the operation viable. Rural family child care providers also lack support networks, such as provider groups and training opportunities, to help overcome their feelings of isolation. Finally, many rural child care programs have difficulty obtaining State resources, which generally target denser population areas.

In response to the expanding demand and limited supply, States and communities with significant rural populations have developed different approaches to child care service delivery. This article identifies innovative approaches undertaken by North Carolina, Montana, Oregon, and Kentucky to meet the special challenges of providing child care in rural areas.

¹ Falling by the Wayside: Children in Rural America, Children's Defense Fund. 1992.





Rural Child Care Initiatives

North Carolina

North Carolina is comprised of 100 counties, of which 85 meet the definition of "rural" established by the U.S. Census Bureau. The State has pioneered several promising practices to increase the child care supply and to strengthen child care services in rural areas. The following sections describe three of North Carolina's initiatives: (1) establishing coordinators in rural county social services offices; (2) involving churches in expanding rural child care programs; and (3) expanding the capacity to accommodate the child care needs of parents who work non-traditional hours.

Using Child Care Coordinators to Expand County-subsidized Child Care Programs

Rural communities usually have small social service offices with a limited number of staff who are required to provide a full range of services. Staff may not have the opportunity to focus on any one program, such as child care.

North Carolina addressed the shortage of county child care personnel by funding child care positions with CCDBG grants. This initiative was the result of a partnership between the North Carolina Division of Child Development (DCD), which administers the CCDBG at the State level, and the county departments of social services, which administer the subsidized child care program at the local level. To begin funding the special coordinator positions, DCD issued a request for proposals (RFP) to eligible counties.

To qualify, counties had to demonstrate need based on the following criteria:

- population density;
- number of poor children under six years of age;

- percentage of all children living in poverty; and
- number of children not currently receiving child care assistance.

Based on these criteria, DCD determined that 28 of the 100 counties in North Carolina were eligible to apply for child care coordinator positions. A review committee rated the applications based on need, with priority given to multi-county collaborations. Beginning in February 1992, 16 contracts were awarded, including 5 multi-county arrangements.

Each county or social service office defined the day care coordinator's role based on local needs. In some counties, office-based day care coordinators perform basic child care R&R functions. In other counties, the day care coordinator seeks to increase the number of providers by focusing on recruitment. One county trained the day care coordinator in cardiopulmonary resuscitation and first aid so that she could, in turn, train providers in these skills.

As a result of this funding, 16 lead agencies are providing subsidized child care in 23 county departments of social services. These "day care coordinators" provide information to families in need of child care services and serve as a link in helping providers access subsidy programs. Where there is no child care resource and referral agency (CCR&R) in place, the coordinators facilitate local provider meetings and the development of child care provider associations. By enabling providers to meet with others in their profession, the coordinators help reduce the isolation rural providers often experience.

To support these various activities, DCD offers training and technical assistance to the day care coordinators. DCD offered an initial basic training course on subsidized child care in June 1992. Coordinators were trained in various aspects of North Carolina's subsidized care program, including State and Federal

funding sources and requirements, client eligibility, reimbursement systems for services and administration, provider agreements and responsibilities, management of waiting lists, and grantee reporting requirements. This training was also available to other new child care workers across the State. DCD offered additional training at a September 1993 conference which addressed new policies for the subsidy program, described rural initiatives, and provided information about the Smart Start initiative.²

The DCD also provides ongoing technical assistance to the day care coordinators through on-site visits and telephone contacts. When the initiative began, a DCD staff person visited each agency to provide technical assistance for grant compliance, CCDBG reimbursement, and reporting of grant activities. The DCD staff member also accompanied the day care coordinator on visits to local child care providers.

At the community level, day care coordinators perform many of the basic CCR&R functions. In addition to providing information to families, the coordinators support child care providers. They provide training and technical assistance to providers and customize their support of local providers to meet local needs, such as recruiting new providers or facilitating provider meetings. To support these day care coordinators, North Carolina allocates \$474,999 per year.

Tapping the Church's Concern for Children

Churches can be another avenue for expanding child care resources. In rural communities, churches often have the only physical facility adequate to meet child care health and safety standards for licensure.

² The Smart Start Initiative, enacted in 1993, is a statewide effort designed as a catalyst for the development of public-private partnerships to improve the health and educational readiness of children under age five. As part of the initiative, the child care staff-to-child ratio was improved and additional State funds were allocated for child care.

Communities may find that, with some construction and renovation, church buildings can often be used for much needed child care facilities.

The North Carolina Rural Economic
Development Center, a private, non-profit
corporation, is dedicated to improving the
living standards of people in the State's rural
areas. The Center promotes quality child care
from the perspective of economic
development. In its view, dependable child
care is critical for parents' job stability, and
quality child care is necessary for preparing
children to succeed in school and life.

Both the supply of providers and facilities that could be used for child care were in short supply in rural areas of the State. To address this need, the Center turned to rural churches. These churches had a strong tradition of serving communities, particularly families with young children. In addition, many churches had facilities, such as educational buildings, that were unused during the week. In partnership with the rural church community, the Center launched an initiative to help the churches sponsor child care programs.

Based on experience providing technical assistance to churches in 11 counties and 3 demonstration sites, the North Carolina Rural Economic Development Center has developed a manual. A Child at the Door: A Guidebook for Starting a Child Care Program in Your Church. The manual offers suggestions for churches interested in starting up or expanding child care programs. The manual also provides useful models that churches can adopt to furnish administration and oversight to a family child care home setting.

To stimulate church participation, in the summer of 1993, the Center organized an "ecumenical partnership," consisting of an advisory board that represents 12 major denominations, and a technical assistance committee that includes 15 agencies involved in child care programs. The group convened a policy forum of church leaders to discuss



and promote the concept of providing child care as one of the rural congregations' activities. The ecumenical partnership created a progam to demonstrate technical assistance for churches interested in developing a child care initiative and held a statewide conference on church child care.

The Center held a series of training sessions at three rural sites around the State. These sessions helped identify and clarify ways to strengthen the connection between the churches and rural areas in need of child care. Building on this, the Center decided on the following strategy:

- bring together an advisory team of religious leaders and private funders and a technical team of child care advocates;
- convene a policy forum to receive input from the church community and rural child care providers:
- er.courage the development of ecumenical partnerships;
- provide training in child care services and administration of child care programs, with emphasis on business counseling;
- develop partnerships with foundations to establish grant and other resource programs;
- develop a strong training initiative for child care providers, including family child care providers;
- develop a guidebook for other communities wishing to replicate the project; and
- disseminate the guidebook and hold a statewide conference.

The North Carolina Rural Economic Development Center found that the support of churches in the State helped maximize available resources for child care in rural areas. Individual churches and denominations contribute space to expand local facilities for child care. The coalition serves to multiply the impact of any individual church. For example, the coalition plans to present the Church Child Care Initiative at a training session for the CCDBG-funded county day care coordinators. These coordinators will serve as facilitators and resource coordinators for churches interested in starting child care centers or in sponsoring family child care homes.

Meeting the Child Care Needs of Shift Workers

Many rural parents work long and irregular hours, including weekends. In addition, families must travel great distances to and from work. Typically, child care centers and most family child care homes do not offer child care services that correspond to rural parents' work schedules. The lack of child care that meets these employment-related needs creates problems for both parents and employers.

North Carolina's Southeastern Child Care Resource and Referral Agency has developed an innovative program to meet the child care needs of rural parents with non-traditional work schedules. The CCR&R, which is housed at and receives a portion of its financial support from the local community college, serves three counties in rural southeastern North Carolina where several large industries that require shift work are located. The CCR&R has been assisting on these employers by working with family churcare providers so that child care can be available to children whose parents work irregular hours.

It was 9:00 p.m., bedtime. Hannah had taken a shower, brushed her hair, and dived under her quilt with her favorite book. Within minutes, she was asleep. But not in her own bed. Hannah is one of the growing number of children whose sleeping arrangements are organized around a parent's shift work. Hannah is lucky because a child care provider in her community provides care to match the shift system.

The CCR&R organized an arrangement in which selected providers agreed to follow the parent's shift schedules. Under this shift system, an employee works on one of four rotating shifts for a year. The provider agrees to offer child care for one of the shifts. For example, a provider might accommodate four, 12-hour shifts in a row and then close when the parents have their days off. In return for adapting to these shifts, the provider is guaranteed a certain number of slots for children. Providers are also allowed to accept other children and to work additional hours, if they wish.

The agreement that the CCR&R facilitated between employers and child care providers fills a critical need for parents who must synchronize work shifts and child care. The arrangement benefits both parents and employers, and also provides children with consistent and dependable child care that is often difficult to locate when parents work shifts in rural areas.

To broaden the shift system arrangement, the CCR&R submitted a proposal to the corporate headquarters of the same local employer to fund training for the shift providers and purchase equipment. The CCR&R is seeking similar support from two other large employers in the area.

Montana

Montana is one of the most rural States in the country. Ranking 44th in population.

Montana comprises the fourth largest land area in the United States, extending over

145,000 square miles. The State is considered entirely rural; only five towns have populations of more than 25,000 people.

Montana has used its CCDBG funds to develop several initiatives to improve child care in rural areas: (1) the Child Care Resource and Referral Network was expanded into a statewide system and a network coordinator hired; (2) a new grants program was established to expand child care businesses; and (3) through a partnership with Montana State University's Early Childhood Project, the State offers specialized training grants and merit pay for providers who obtain early childhood training. These initiatives are described below.

Developing a Statewide Child Care Resource and Referral Network

In 1989, Montana created the Department of Family Services (DFS) to give more visibility to the needs of children and families. One of its first activities was the development of the Child Care Act, which expanded both the reach and scope of CCR&Rs as a means to serve the most rural areas in the State. However, some areas particularly in the eastern region, still lacked child care providers and access to training.

With the arrival of CCDBG funding, DFS sought to expand CCR&R services statewide. Rather than using a competitive process to fund new CCR&R agencies, DFS consulted with local communities without CCR&Rs to identify the most appropriate agency to provide local CCR&R services. Through this collaborative process, the Montana Child Care Resource and Referral Network was created. The Network is a statewide group of independent CCR&Rs lead by a network coordinator who is located in the Montana State University (MSU) Early Childhood Project. Supported through CCDBG quality and availability funds, the CCR&R Network increased the number of CCR&Rs to 12 agencies, each serving a multi-county area. As a result, all families in Montana now have access to CCR&R services.

The CCR&R Network uses a two-tiered approach. First, each local, independent CCR&R is provided with training and technical assistance through the CCR&R Network Coordinator. The CCR&Rs meet quarterly to address on-going issues and offer support. Second, the local CCR&Rs provide services to their communities. The CCR&Rs make referrals, assist families in selecting quality child care, and help families obtain subsidized child care so that they can participate in job training opportunities or employment. For providers, the CCR&Rs offer training and technical assistance, recruit new providers, sponsor the U.S. Department of Agriculture's Child and Adult Care Food Program in some areas, and house provider resource lending libraries. For communities. they perform community needs assessments. plan child care programs appropriate to community needs, consult with businesses to establish employer-supported child care, and offer parenting classes and public education on child care issues.

In addition to funding CCR&Rs with CCDBG dollars, DFS contracted with the Montana State University (MSU) Early Childhood Project for a CCR&R Coordinator. The Coordinator's responsibilities include standardizing CCR&R services, coordinating their efforts with State agencies and organizatioans, and ensuring that all CCR&Rs offer similar basic services. In addition, the Coordinator has conducted a study of family child care providers to assess their training needs and perceived barriers to training. The local CCR&Rs have used this information in developing local training programs for child care providers.

Building a child care infrastructure in a State characterized by a sparse population, poverty, limited access to services, and an ethos of "rugged individualism" has been a challenge successfully met by the CCR&R Network. To support these efforts, the State of Montana awarded grants ranging from \$23,000 to \$50,000 to each local CCR&R agency. The development of the CCR&R Network connected with other efforts to

increase the number of regulated providers in the State. In addition, regular meetings and the work of the Network Coordinator have helped to standardize services statewide, while retaining community flexibility.

Start-Up and Expansion Grants

The high rates of poverty and lack of a strong consumer base in rural America make it difficult to start up businesses. Potential entrepreneurs may lack adequate capital and credit to launch a family or center child care business that meets State health and safety requirements, despite the rising need for child care in rural areas.

To increase the supply of registered and licensed child care providers in rural communities, Montana used CCDBG 75 percent direct service funds to develop a grant program to help new providers get established and existing providers expand their service capacity. Montana realized that many potential child care providers lacked the up-front capital to start or expand family child care businesses. To address this problem, these grants funded pre-paid slots for eligible children. The grants gave priority to providers who were willing to care for infants or children with special needs or to offer after-school programs.

Montana sent copies of the grant application to the CCR&Rs for distribution to child care providers and potential providers. Because the application process was complicated and overwhelming to most family child care providers, the CCR&Rs offered grant-writing workshops to help them develop their applications. Child care providers submitted 120 applications to DFS; 86 were funded in the first grant cycle.

Through these start-up grants, resource-poor rural areas have established additional child care businesses. State staff have found that in particularly remote areas of the State, once one child care provider used the grant to become successfully established, others in the community followed the example and chose to start child care businesses as well. As a



result of the grant program and other CCDBG-funded efforts, regulated child care in one northeast area of Montana increased by 300 percent between 1991 and 1993.

Provider Merit Pay and Specialized Training Grants

Most training workshops and conferences take place in urban areas. In sparsely populated States like Montana, traveling to training is costly and time-consuming for rural child care providers. As a result, providers often do not obtain training even though it would enhance their skills.

To encourage child care providers to obtain more training, Montana has devised an incentive system. The Department of Family Services allocated \$35,000 to offer a \$250 provider merit pay award, financed by CCDBG quality and availability funds, to providers who participate in 60 hours of training beyond the basic orientation required for licensure or registration. Providers must work at least 20 hours per week with young children and furnish documentation of their 60 hours of training in order to qualify. When candidates apply to participate in the training, they submit a training plan for approval. Training is offered through workshops, college courses, home study, and conferences. The program operates through a partnership with the MSU Early Childhood Project, which oversees the incentive system.

To fund additional training opportunities, DFS set aside \$95,000 of its CCDBG quality and availability funds for specialized training grants. The DFS then contracted with MSU to work with the CCDBG task force to develop the RFP and to review grant applications. The grants provide organizations with up to \$5,000 for training child care providers and other professionals in the field of early childhood education. Recipients include colleges, CCR&R agencies, and non-profit organizations. Projects completed through the specialized training grants include expanding a lending library, acquiring teaching materials, and providing training in a

variety of topics including CPR, grant writing, accreditation, health issues, creating employer partnerships, and basic early childhood education training. Staff from child care centers, group homes, and family child care homes participate.

In 1992 and 1993, DFS awarded 20 specialized training grants. In 1992, 100 child care providers completed additional training and received merit pay awards. The vast majority of those participating attended more than 60 hours of training. The merit pay program has encouraged people who otherwise would not seek training to participate. Many providers plan to use the merit pay training to fulfill Child Development Associate (CDA) requirements or for college credits leading to degrees. The merit pay award has also stimulated the demand for accessible training statewide. To meet this demand for training, a home-study program was developed using CCDBG and private funding and the program was offered on public television. Over 371 child care providers have participated in this training opportunity.

Oregon

Oregon has one urban county and 35 primarily rural counties. In 12 counties, the largest town has fewer than 5,000 residents. The State has a history of limited, informal, and unregulated arrangements for child care, along with a tradition of strong local planning and control of services. Through the State's CCR&R system, Oregon has used CCDBG funds to build on an existing child care infrastructure to improve services to children.

Strengthening an Infrastructure to Expand Local Child Care Options

In 1989, a community task force on child care submitted a report to the State legislature recommending "a comprehensive approach, community involvement, early intervention for children at risk, and better program coordination." As a result, the legislature



established Children and Youth Services
Commissions in each county in Oregon and a
State-based Community Children and Youth
Services Commission to oversee the activities
of the county commissions. The legislature
charged the State and the county commissions
"to empower communities in developing
comprehensive services for all children and
youth so that every child has the opportunity
to grow up healthy, literate, and skilled." This
legislation created a statewide system of
community-based CCR&Rs.

The Child Care Division of the Oregon Employment Department dispersed CCDBG funds reserved to improve quality and increase availability to the local Children and Youth Services Commissions. By using the existing local commissions, the Division avoided creating a separate agency or structure to allocate the funds. This approach fit the philosophy of local control of child care services.

The Linn County Commission in northwest Oregon is a model for this approach. The CCR&R agency serving Linn and neighboring Benton County worked collaboratively with the Commission to conduct a child care needs assessment for the area. Based on the assessment, the Linn County Commission chose to develop a high-quality infant and toddler center in one area of the county and to expand school-age child care programs in the remainder of the county.

The Linn County Commission invited interested child care programs and family child care providers to send letters of intent describing the activities they would develop with CCDBG funding. Fourteen programs responded. The Commission considered each letter of intent to determine if it matched the needs calculated by the assessment. The Commission issued formal requests for proposals and awarded grants to 12 of the 14 applicants who met their criteria.

The family child care grants in Linn County, Oregon resulted in a net increase of 55 children who receive care. In addition, they support existing providers' efforts to improve the quality of their facilities. Specifically, grant money has been used for training, outdoor play structures, equipment and supplies, additional insurance, transportation, membership fees, hiring additional staff, and offering higher salaries.

Collaboration in the initial phases of the family child care grants helped assure that the applicants' programs would meet the Commission's goals. The CCR&R conducted a pre-award assessment of all programs invited to submit proposals. Experienced program evaluators from the CCR&Rs visited all grant applicants to help them write their proposals. The evaluators also helped program staff identify and address weaknesses in their programs prior to submitting the applications.

Oregon maximized CCDBG funds for child care programs by using the existing community infrastructure rather than creating new bureaucratic structures. To ensure that all rural areas benefitted from child care dollars, the Commission targeted some funding to the smallest rural areas. Local communities then determined their specific needs and were able to solicit proposals that would meet these needs.

Kentucky

Only 18 of the 120 counties in Kentucky are classified as urban. More than half of the certified family child care homes and child care centers operate in rural areas. Believing that effective training of providers improves the quality of care children receive, Kentucky has used a portion of its CCDBG funds to make training accessible and affordable to child care providers statewide, with a special emphasis in rural areas.

^{*} Briefing Information. Oregon Community Children and Youth Services Commission. 4-1 92.





Making Training Accessible

As a first step toward improving child care quality, Kentucky increased its requirements for certification and licensure regarding the amount of initial and ongoing training required of child care providers. State laws require that applicants for the Family Child Care Provider Certificate Program receive six hours of orientation training before becoming certified. Certified providers serving up to six children must receive six additional hours of training each year. Licensed providers who serve seven or more children must meet an increased training requirement of up to 12 hours per year. In addition, as of July of 1994, all providers must be trained in infant and child CPR and first aid.

Since the implementation of the CCDBG, the State has contracted with 15 CCR&Rs to create a statewide network of CCR&Rs, expanding coverage beyond the State's urban areas. The inclusive network now serves all rural counties. The CCR&Rs in the network coordinate with State and county staff as well as other local organizations, such as civic clubs, to provide a variety of child care-related services, including training for child care providers. CCDBG funds help make the training affordable and accessible.

State staff prepared a model orientation training package in the areas of basic health and safety, child abuse and neglect, and developmentally appropriate practices that each CCR&R can customize for its specific area. The CCR&Rs use information specific to their areas from a State-sponsored training needs assessment, allowing them to match the training provided to local needs. For example, CCR&R staff may help train new providers to prepare for inspections or may go into family child care homes to provide pre-certification assistance.

The CCR&Rs also provide a training resource library for their communities. Several have developed van services that deliver training materials directly to rural providers. The network, in coordination with the Early Childhood Associations of Kentucky,

publishes and distributes to local CCR&Rs a guide called *The Road Show* which lists trainers willing to travel to communities. In addition, CCR&Rs plan to have a toll-free telephone line for child care questions.

Providers in Kentucky have many opportunities to attend training to fulfill their annual requirements. The State and CCR&Rs jointly sponsor many training sessions and conferences. The State also contracts with the University of Kentucky to hold 18 training sessions in rural areas of the State. The price charged to providers in Kentucky for a training session is minimal. Seven dollars covered training, materials, and lunch.

In Kentucky, rural child care providers receive a varieyt of training materials through the mail. Many CCR&Rs send educational newsletters to their providers and the State sends a bi-monthly newsletter to all providers, including registered providers who are not required to attend training. The newsletters adverstise CCR&R activities and training opportunities throughout the State. In addition, each newsletter provides information about caring for children. Recent issues have featured articles on developmentally appropirate activitiees and practical disciplinary strategies.

The State, the University, and the CCR&Rs collaborate on the Kentucky Child Care Aware program which educates parents on how to choose quality child care. The CCR&Rs address parent groups and use direct mail, newspaper advertisements, and flyers developed by Kentucky Child Care Aware as vehicles for informing parents in rural areas.

Many CCR&Rs coordinate with the State's Family Resources Centers, community organizations committed to children's issues that operate through the local school system, to provide after-school care for children. Several rural areas are beginning to provide after-hours care for school-age children in or near the local schools. By coordinating with the Department of Education, child care providers are also able to attend training on care for children with disabilities.

Kentucky's training initiatives have resulted in at least 50 more family child care homes becoming certified each year, and thousands of certified and licensed providers attend training sessions where educational materials are disseminated. Registered providers, who are not required to receive training, occasionally attend the conveniently located sessions. Providing training and information to unregulated family child care homes remains a challenge.

What Every State Should Know about Rural Child Care

Many of the promising practices and strategies described in this article can be used to meet child care needs anywhere. Meeting child care needs in rural areas requires developing a different set of priorities rather than different practices. First, rural children, families, and child care providers have needs that must be recognized, despite the dispersed nature of the population. Second, long distances and transportation problems must be given high priority.

North Carolina. Oregon. Montana, and Kentucky offer some important lessons based on their experiences.

- Family child care may be the most effective way to increase the supply of rural child care. Due to low population density in rural areas, expanding the supply of family care providers may be the most practical method to increase the supply of high quality services. Montana, for example, determined that an investment in developing a statewide CCR&R network best met the needs of rural parents.
- Involving existing community
 organizations builds trust. Trust is
 critical in working with rural communities.
 People in rural communities prefer to
 work with local residents rather than with

- outsiders. Specialists from urban areas need to be sensitive to this preference. North Carolina's involvement of churches shows that community organizations are essential partners in expanding and improving services. North Carolina's recognition of churches as community institutions has enabled additional facilities to be used as child care centers.
- Supporting resource and referral agencies can help improve rural child care. Extending CCR&R into small towns and communities can improve quality by bringing unregulated providers into the regulatory system. The CCR&R can inform providers about the purpose of State requirements and prepare them for inspections. The CCR&Rs can also be a mechanism for accessing outside expertise and resources, such as university programs. Kentucky and Montana have both found that training programs facilitated by CCR&Rs upgraded the skills of child care providers.
- barriers to training in rural communities. Small monetary incentives, such as those used in Montana, have proved successful in motivating providers to attend training sessions. Incentives can offset the costs of training which can be significant for rural providers who must pay for travel, room and board, and substitute caregivers.
- Assuring that training for child care is accessible requires creative solutions.
 The use of CCDBG and private funds allowed Montana to offer a statewide telecommunications home-study program, so that even the most isolated providers can participate in training activities. In Kentucky, vans deliver training materials to rural providers' homes.

• Rural child care can both contribute to and benefit from broader economic strategies. Child care agencies working with rural economic development organizations can promote child care as a small business opportunity. The experience of Oregon demonstrates that increasing the community's supply of child care providers can create new small businesses, while also benefitting parents by expanding their range of child care choices.



Rural Child Care Resources

North Carolina's child care coordinators. contact:

Stephanie Farjul
Director, Division of Child Development
North Carolina Department of Human
Resources
701 Barbour Drive
Raleigh, NC 27603
(919) 733-4801

The church child care initiative, contact:

Diana Jones Wilson
Senior Policy Associate
The North Carolina Rural Economic
Development Center, Inc.
4 North Blout Street
Raleigh, NC 27601
(919) 821-1154

Meeting the needs of shift workers, contact:

Lauren Cole
Director, Southeastern Child Care Resource
and Referral Agency
74 South, Box 151
Whiteville, NC 28472
(910) 642-8189

Montana's CCR&R network, start-up and expansion grants, and provider merit pay awards, contact:

Becky Fleming-Siebenaler
Day Care Program Officer
Montana Department of Family Services
P.O. Box 8005
Helena, MT 59604
(406) 444-5900

Billie Warford Director, Early Childhood Project Montana State University 117 Herrick Hall Bozeman, MT 59717 (406) 994-4746 Oregon's infrastructure approach, contact:

Janis Sabin Elliot Administrator, Child Care Division Oregon Employment Department 875 Union Street Salem, OR 97311 (503) 373-7282

Kentucky's accessible training, contact:

Lydia Roberts
Child Care Services Branch Manager
Kentucky Cabinet for Human Services
275 East Main Street, 6 West
Frankfort, KY 40621
(502) 564-2524

Linda Locke Assistant Director Louisville 4C 1215 South Third Street Louisville, KY 40203 (502) 536-1358

References:

Family Day Care: An Option for Rural Communities Save the Children 1340 Spring Street, N.W. Atlanta, GA 30309 (404) 885-1578

Falling by the Wayside: Children in Rural America Children's Defense Fund 122 C Street, N.W. Washington, DC 20001 (202) 628-8787

Special Focus: Rural Families
Family Resource Coalition Report
The Family Resource Coalition
200 South Michigan Avenue, Suite 1520
Chicago, IL 60604
(312) 341-0900